PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10790691

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	7.1.4.4
TOTAL CLAUMC			(Column 1)		(Column 2)			TYPE		OR	OTHER THAN OR SMALL ENTIT	
TOTAL CLAIMS			36					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
Ľ	OTAL CHARGE	ABLE CLAIMS	2 6 minus 20=		* 6			X\$ 9=	54	OR	X\$18=	
╟─	DEPENDENT (3 minus 3 =		*			X43=	1	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	1	7	+290=	
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	ı	TOTAL	439	OR	TOTAL	
CLAIMS AS AMENDED - PART II								TOTAL	429	JOH	OTHER	THAN
, .		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
<u> </u>	FIRST PRESI	ENTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL DDIT. FEE			TOTAL	
	(Column 1) (Column 2) (Column 3)									1011	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	##		= .		X\$ 9=	FEE		X\$18=	FEE
	Independent	*	Minus	***	•	= .	F	X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		H	A40-		OR		
•										OR	+290=	•
							AE	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE	
	·		· :		• •		.,					
5		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=		_ 	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, onter 20."										+290= TOTAL DDIT. FEE	· .	
T	he "Highest Num	nber Previously Paid ber Previously Paid	o For IN THIS For" (Total or I	SPACE is le	ess than i	3, enter *3.* ighest number (opriate box	in colui	mn 1.	·